CALIFORNIA
AND
WESTERN MEDICINE

VOLUME XXXVI APRIL, 1932 No. 4

CIRCULATING MEDICAL LIBRARY SERVICE FOR PHYSICIANS*

SOME COMMENTS ON THE IOWA AND WISCONSIN EXPERIENCES

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MEDICAL education has made notable advances during the last two decades. Knowledge in matters related to medicine has increased with unforeseen rapidity. The cost of medical education has so consistently increased that the coöperative control as well as ownership which the physicians once possessed over the medical schools is a thing of the past. The proportion of active practitioners of medicine in medical faculties is declining. Also it is an absolute impossibility for the physician to read all of the literature with which he needs or wishes to be familiar.

PHYSICIANS NEED ACCESS TO RECENT LITERATURE

One of the important problems which remains to be solved is that of keeping the doctor in touch with his advancing science, particularly the doctor whose field is not in a great city, with its libraries, its lectures, and its frequent group meetings—the doctor who works in the small town or village. We still have nearly one-half of our population outside the cities, and even with the automobile, which enlarges the effective urban area and the hospital and clinic radius, there is still a large suburban practice and a large number of suburban, village and small town doctors. It is as necessary to give physicians so located an opportunity to keep up to date twenty years after they are out of school as it was to insure them a first-class medical education at the outset. When physicians are at school they are accustomed and encouraged to use books. A medical library was at their disposal, and every new case or variation of an old case was the occasion for a consultation with the literature. The most recent experimental work and the most authentic clinical studies were kept before them in the library reading room. They were encouraged to browse freely.

But settled, for example, in the little city of Hilldale, with five thousand inhabitants, with its Carnegie library, and exacting demands of a growing practice, a small but growing family, and something near to a living, has a recent graduate an adequate opportunity to keep alive his scholarly habits? Where shall he get that contact with the world of workers in the field of medical science which became part of his case studies in the medical school and the hospital? Where shall he find the inspiration that he had in his clinical years and his internship, to keep abreast of the fast-moving medical front?

The library he possesses is what he was able to buy as a medical student; not much more than that probably for a good many years. His chance to attend really helpful and inspiring meetings were not any too frequent. The Carnegie general library of Hilldale was able to contribute little to the solution of his problem. The *Journal of the American Medical Association* supplies a great deal of new information and fresh inspiration, and if alert he reads it carefully and eagerly. But the chances are that the particular topics or diseases he wants to read up on may not be mentioned for months.

How can such an eager, well trained, energetic young man, who still retains his scholarly habits and his scientific point of view—how can he be kept a medical producer, a genuine investigator, an up-to-date physician ready to transmit to his patients every advantage that comes from the laboratories and clinics the world around? Is not that the problem which faces us?

THE IOWA AND WISCONSIN LIBRARIES

In both Iowa and Wisconsin attempts have been made to solve it, and inasmuch as an experiment in education is valuable only as it is critically assayed and widely understood, it seems worth while to describe these two experiments so far as they have gone, the writer having been associated with each of these institutions. The basic plan in both states has been the development of a circulating medical library for a doctor clientele.

THE CIRCULATING MEDICAL LIBRARY IN IOWA

About ten years ago the State Library at Des Moines, Iowa, received some gifts of medical books and medical journals. Dr. Gersham Hill and Mr. Johnson Brigham, state librarian, proposed to make this collection the nucleus of a working, circulating medical library for the physicians of the state, and, of course, anyone else prepared to profit by such a service. All of the medical literature in the library (bound or un-

* Paper presented by request. The Medical Advisory Board of the California Medical Library has recommended the appointment of Miss van Zandt as chief librarian of the California State Medical Library.

bound), periodicals, pamphlets, current or older, was to be available to borrowers for periods of two weeks with the privilege of renewal. No limits were set as to the amount which could be secured on a request. Applicants for receipt of current journals routinely were so listed as to receive in regular rotation journals desired just as though the borrower were receiving them by subscription from the publishers.

After establishing these services it became possible to offer others in addition. For example, a doctor who had encountered a medical problem concerning which he desired more medical literature than he had at his command might send a request for help to the Iowa Medical Library. Such requests were received by letter, by special delivery, by telegraph, by telephone, or by personal request in case the doctor lived near the library. The haste and the scope of the search were determined by the urgency and the nature of the request as transmitted. Urgent requests for literature were dispatched by the most expeditious method available. In some instances the desired information was read to the physician over the long distance telephone. More leisurely services of this sort related to bibliographies for case reports, and for papers to be published or read at meetings of national or local medical societies or for other occasions. No limit was placed upon such requests except those demanded by practical considerations of budget and personnel. The expense of any loan or service was limited to the payment, by the borrower or recipient, of postage or costs of transportation both ways.

The initial costs of books and periodicals, the salaries of the staff and other clerical expenses were paid by the State of Iowa. In the initiation of the Iowa project there was no overhead. The library was housed in the State Historical Building in connection with the State Historical Library. Heat, light, and furnishings were provided. The first budget estimate was $5000 for the salary of the librarian and for books and journals. By the end of six months the service had grown to the point where two assistants were employed part time at first, but soon at full time. More books were purchased as the developing needs indicated, and travel expenses added for the making of contacts throughout the state.

In the course of five years this circulating medical library service grew to the point where over ten thousand pieces of medical literature were being loaned annually by the library. The growth of the Iowa Circulating Medical Library is indicated by the number of annual loans made.

In the five years since its organization the service had evidently not begun to approach the saturation point. The curve is probably a fairly good indication of what may be expected in any similar state project. In the second year the largest increase occurred. Approximate saturation might be expected in eight to ten years, depending, obviously, on how effectively the campaigning for subscribers is conducted.

THE CIRCULATING MEDICAL LIBRARY IN WISCONSIN

In Wisconsin the set-up was somewhat different from that in Iowa. The very active Extension Division of the State University undertook to develop the circulating medical library in conjunction with the library of the Medical School of the University of Wisconsin. The plan for circulating journals and other medical literature as well as the other services of the library were essentially the same as that which had been previously developed in Iowa. At Wisconsin this service was classed as Adult Education, and therefore not regarded as an indispensable service of the state university. In addition to the actual payment of postage both ways, the borrower was required to pay a packing charge of ten cents per bound volume, and five cents for unbound pieces. This tariff was imposed during the third year and was not a fortunate one. It is obviously unfair to the man who orders a dozen unbound pieces at once. It created occasional resentments sufficient in some instances to lose the subscribing members and the good will of themselves and their friends.

In the data secured from the first four years of operation at Wisconsin, two interesting points are brought out. First, the effect of an intensive "selling" campaign for subscribers. This was authorized by the university and conducted by the librarian, and was carried directly to the local communities in addition to such advertising as could be obtained by personal presence, and exhibitions of books and journals at sessions of the Wisconsin State Medical Society. Later the campaign was discontinued for lack of funds. Second, the drop in the service curve during the last year was the result of increased tariff charges and a curtailment of both "salesmanship" efforts and the number of journals subscribed for. Two of these items caused dissatisfaction among a clientele not yet habituated to the service; the other cut off the opportunity to increase the subscribers. It has been our experience that the number of physicians who are able to see at a glance the advantages of such an educational opportunity, owing perhaps to its novelty, is limited. The men must be met and won individually. They often join the group with some reluctance. Once in, however, their appreciation of the service grows. One other point deserves comment. In both the Iowa and Wisconsin projects it was found that the service very quickly was demanded across the state borders. As this is written the Wisconsin Circulating Medical Library is serving thirty physicians in six adjoining states. This has many interesting and suggestive aspects.

It is interesting that of a total enrollment of 1327 physicians, about 970 were practicing physicians or local clinics. The remainder contained a considerable proportion of medical students who have not completed their course, nurses, state health workers, lawyers engaged in medico-legal cases, and a small number of other citizens.

COMMENT

In reviewing the experiences at Iowa and at Wisconsin, a number of points appear to be of importance:

Judged by the periods of growth, the service in each of these two states has been an unqualified success. No experiment in education can be properly evaluated in five years; but with adult groups, well educated to begin with, and composed of members of an intellectual profession demanding increasing amounts of scientific material each year for study, it may be assumed that a genuine educational need exists and is being met. Where success in practice depends to a very considerable extent on the thorough understanding of the science of medicine, the immediate value to the community in providing opportunity for continued study and advance by the practitioner probably needs no argument. Some plan of the sort described—some solution of the problem as stated in the beginning of this paper—should eventually be worked out for every state and community in the country.

Judged by the reaction of subscribers, there is no question but what the Iowa and Wisconsin experiments have been successful. In the first place, there has been very little annual loss of clientele. A man once on the subscribing list usually stays on it.

In those states the subscribers tended not only to remain on the borrowing list, but a surprising number of them were appreciative to the point of writing in their commendations. Those libraries have files containing hundreds of unsolicited letters expressing appreciation for a service which was felt to be of the greatest advantage to the profession and to the public. When busy men sit down to express such reaction, one may be quite sure that they have a genuine feeling of practical benefit received. They may be construed to give a true evaluation of this medical library educational service.

A STATE MEDICAL LIBRARY SERVICE NEEDS CAREFUL PLANNING

When such a library service is introduced, it should be amply provided with the means of growth. Further than that it should be *made* to grow. In both Iowa and Wisconsin the beginnings were small. The probable expansion could not be clearly foreseen. In Iowa the first year's tentative budget was outgrown within the first six months. The requests for service increased so rapidly that by the end of that time two additional assistants were required to meet the expanding demands for books, journals, and bibliographies. Before such a service is set up the field should be surveyed, the possible clientele estimated, and every effort made to rapidly enlist the active support of the medical profession. The value to the state lies in making the service state-wide, and in having every physician a participating member in the organization.

The budget should be adequate to permit a state-wide personal contact campaign for active coöperation. A campaign by prospectus is of only limited value. The State Medical Library may be advertised and demonstrated at the annual session, and through the official publications of state and county medical societies. We secured interest and new members from our "exhibits" at state society sessions. But the real harvest in Iowa and Wisconsin came from out-of-town "barnstorming" expeditions, where the librarian went into the different communities and called at the offices of the local doctors to explain the plan. The large increase during individual years of operation in both Iowa and Wisconsin was directly traceable to such canvassing for subscribers. To illustrate with some of the results of a single trip in which the towns of the Fox River Valley, Wisconsin, were visited: In one town every doctor "prospect" received a call, and the result was a subscription list of 100 per cent. In another town where eleven doctors were registered, one was out of town, one retiring; but the subscription list contained seven of the remaining nine names as a result of the doctor-to-doctor canvass. In larger towns and cities the actual number of borrowers does not always appear, the physicians of a clinic, hospital or other group frequently pooling their requests through their administrative office.

The Wisconsin experiment is particularly valuable because it illustrates how a prosperously expanding library service may be temporarily stunted. At the end of the third year the library service had grown to the end of its budget resources. No more efforts to secure new subscribers were permitted. If this factor had operated alone, the slope of the curve would have altered, of course, but there would have been the slower growth due to the natural tendency of the man who finds his colleague enjoying an advantage to avail himself of it also.

A second potent factor in the decline during the fourth year was the necessity to curtail the current periodical list. Drastic economy was the reason and so could not be avoided. But the result was unfortunate. The regular subscribers to current journals found themselves no longer able to get their numbers from the library, or the receipt was delayed to the point where the keen interest in new material was lost, and the subscriber, disappointed, dropped out. A current journal several months old may still be valuable to the student, but it has lost the attraction of a number just off the press. At the same time, and again in the interest of strict economy, it was decided to impose a packing fee in addition to the previous postage charge both ways. This packing fee was unfortunate, and to some men irritating. A single volume cost ten cents, unbound journals five cents, whether shipped singly or in bundles. Subscribers felt this charge to be an injustice and, resenting the innovation, resigned.

THE INITIAL CAMPAIGN

This experience emphasizes the genuine need of a continuing selling campaign till the service has become established in every community. After that the human instinct for joining a popular and going concern may be depended on to bring in

scattering practitioners who eventually hear about it. It also emphasizes the necessity of initiating the project on a thoroughly thought-out basis. If charges in addition to postage must be made, they should be made at the start and accepted by subscribers. Increase in the charge after a few years' operation is very like a sudden upward shift in a tariff wall. It causes resentment; it is hard to explain to the man who has been a previous subscriber; it will undoubtedly occasion withdrawals by the men who have not become habituated and do not feel the service as a real necessity in their practice. And finally the curtailment of the current journal service, after it has been established, is bad psychology. It would be much better to start such a service at a predetermined level and with a budget arranged in advance to carry the same quality, regardless of the increased traffic. To increase the price of a commodity as the volume of the business increases, is only to invite misunderstanding, resentment, and a consequent reduction of clientele.

The circulating library might very well be operated under the direction of a state medical society, or even of a strong county society. It might well be a private coöperative venture, run as a non-profit service. A group of 250 initial subscribers at $25 a year would probably form an adequate nucleus for a thoroughly satisfactory mutual library service of this sort. Once in operation, each subscriber receiving in regular rotation the journals which he desired, the gradually acquired reference volumes and the accumulating journal files would continually increase the value of the service rendered.[1] Increased clientele could be secured as in the other plans, and with each increment the funds available for building up the library would increase also. Each subscriber might be expected to act as a salesman also in such a coöperative venture, and it would probably grow, like the proverbial snowball, by its own tendency to accretion. An initial stake in funds or a substantial bequest in the form of a private library would do much to make the difficult first year less difficult, and assure success to such a coöperative business venture.

IN CONCLUSION

In conclusion it may be said that the time appears to be thoroughly ripe for a new advance in the field of medical education. That it is needed no one is more thoroughly aware than is the practicing physician himself. That it will result in genuine advance in the science and art of the profession there can be little doubt. That it will be seized upon and appreciated has already been demonstrated in at least two states. That it can be done, and that it is a success so far as any education can be proven to be a success by figures, is clearly shown in the experiments set up in Iowa and Wisconsin. It appears reasonably certain that some such solution of this problem will soon be undertaken in many communities and states throughout the country.

1 We have found it advisable to keep journals unbound. By so doing the various numbers are then available, the tie up of material avoided, and transportation is minimum.

CERTAIN ECONOMIC PHASES OF MEDICAL PRACTICE*

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DISCUSSION *by A. L. Bloomfield, M. D., San Francisco; William J. Kerr, M. D., San Francisco; B. O. Raulston, M. D., Los Angeles.*

WE have witnessed today the dedication of the Falk Clinic, a memorial building designed to serve as the general dispensary for the hospital development of the School of Medicine of the University of Pittsburgh. As in other instances, it represents the generosity of those who have lived and learned of the afflictions of their fellow men. It represents also the extension of their benevolent personalities into the future since, and that for years to come, their hope for human progress, with advance of civilization, will be perpetuated through education, through social betterment and the relief of suffering. We express our admiration to the donors of this wonderful building and equipment, to Mr. Maurice Falk and to the family of his brother, the late Leon Falk, whose benevolences are here perpetuated. To the people of Pittsburgh we offer congratulations that they possess such generous citizens who realize that the efficiency of any nation depends upon the health of its people, and that measures designed to promote health and happiness should be considered among the most worthy of individual efforts.

THE DEVELOPMENT OF HOSPITALS

To those who are not familiar with the rapid growth of hospitals in this country it may be mentioned that they now constitute the sixth largest industry in point of capital investment. From the standpoint of their value to the physical and economic welfare of our people hospitals rank first. In this country about three and one-half billion dollars are invested in hospital buildings and equipment providing over nine hundred thousand beds. The amount spent for new construction amounts to about $200,000,000 annually. The hospitals of this country employ over 650,000 people, not including physicians and nurses. The annual cost of maintenance is about $900,000,000.[1] About twelve million patients, approximately one in ten of our population, are treated in hospitals each year. The problem of providing efficient care for the sick in a period of increased costs and decreased revenues is a great one. It is well known that hospitals are rarely self-sustaining because of the increased demand for the care of the indigent sick. If it were not for the generosity of benevolent people, since the costs generally exceed the revenues, few hospitals could survive. But the generosity of philanthropists may tend to diminish if more interest is not manifested by the general public in doing its part to make hospital service more nearly self-sustaining than at present.

* An address delivered before the Allegheny County Medical Society, Pittsburgh, September 28, 1931, upon the dedication of the Falk Clinic.